The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME X SUMMER, 1954 No. 3

HOME IS THE SAILOR

Yes, Fred Hagler is home from the sea and the east wind that in Boston can be so refreshing or so fiendishly cold. The hunter is home from the Fenway, 22 that is. But there is nothing threnodial about this statement in spite of the threat to Fred's continued health, or indeed to his existence, of that final long-drawn-out Council meeting that seemed to defy adjournment. Rather, an encomium is the present 'Point of order' to be raised in behalf of the Fellows of Western Massachusetts who have benefitted from his ministrations during the past twelve months. The climax reached veritable Himalayan heights at the annual dinner in a forthright medical attempt by Dr. Charles S. Houston of Exeter to explain the eternal mystery,—why men climb mountains—that was illustrated with superb photography in color.

The meetings are all done at last, and well done too, and no one is more delighted to have it so that Fred himself, unless it be his good wife. The honor of being chosen to serve 7,000 fellow workmen in an honorable profession is great but no one can realize fully the stress that is entailed in the job of president of the Massachusetts Medical Society even with the help of a full-time secretary and other expert assistance, except one who has been through the ordeal. This is particularly true when distance imposes an additional handicap on an outlander who resides beyond the metropolitan area.

The Hagler regime was conducted in a serene, judicial atmosphere that listened to both sides of each argument and gave every man a chance to state his views. His interest and honesty of purpose made many friends for President Fred, even when he committed such parliamentary sins when pressed for time as rejecting amendments that were offered in perfect order. Carl Bearse hemself fell silent in one such instance. Finally, with a shake of his head, he whispered sotto voice to the receptive ear at his right hand "Fred is a good fellow".

So say we all,—if 'good' may be understood to mean, 'efficient, satisfactory and beyond reproach'! As a group we of the M. M. S. are solvent, and yet each one of us shall remain in Fred Hagler's debt *sine die*. S. Q. Lapius

POST GRADUATE MEDICAL INSTITUTE

Holyoke Soldiers' Home — Oct. 8 to Dec. 10, 1954

The second course on Postgraduate Medicine sponsored by the Postgraduate Medical Institute of the Massachusetts Medical Society, is entitled "Modern Concepts of Diagnosis and Therapy of Everyday Practice".

Sessions will be held every Friday night, beginning October 8, 1954 from 7:30 to 9:30 p. m. and will extend over a period of 10 weeks ending on December 10, 1954. The course is designed to cover a wide variety of subjects in medicine and surgery. The following subjects

(SEE BACK PAGE)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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MISCELLANEOUS COMPANIONS

Some of us recall that David Harum had a dog and that the dog had fleas 'to keep him from broodin' over being a dog'. But all of us know too well that practitioners of medicine are blessed with lay writers on medical topics who make a living flea-like by exploiting vulnerable areas of the **epidermis medici**. As long as editors sanction such assignments, they too are culpable when the facts are awry. As a matter of fact, fleas being what they are, we may be fortunate to have a reasonable number as the Deacon said to keep us on our toes and two hops ahead of the clients.

The case in point is the article in the July number of the Women's Home Companion that condemns the mental health facilities of the Springfield-Holyoke area as 'poor', whereas the truth lies at the other extreme. The author apparently was satisfied with outdated statistics and the editor did not verify them. The article might be pertinent except for the thirteen psychiatrists who currently are serving this district, eleven in Springfield and two in Holyoke. Today Springfield has a Mental Health Clinic and a Child Guidance Clinic, a public school Psychiatric Clinic, and consulting services both at the Municipal Hospital and Springfield College. The Springfield Hospital also has two such clinics.

A Psychiatric clinic serves veterans at the Holyoke Soldiers' Home in addition to the Veterans' Facility at Leeds for mental cases. A full-time psychiatrist and mental hygienist conduct such work in a thriving Mental Health Clinic in Holyoke that also serves Easthampton, Chicopee and West Springfield. The case load has tripled in the past year and a half and the physicians who refer them have been well satisfied with the provisions for mental therapy available to their patients.

Women in general then would be well advised to be selective as to the Home Companions that they take to their bosoms even though the latter are apt to be more exposed today than in the age of Victoria. It is true that there still is need for more trained personnel in preventive mental hygiene here as there is everywhere, but a splendid beginning has been achieved and the much needed education of the profession as well as the public has been undertaken.

J. A. W.

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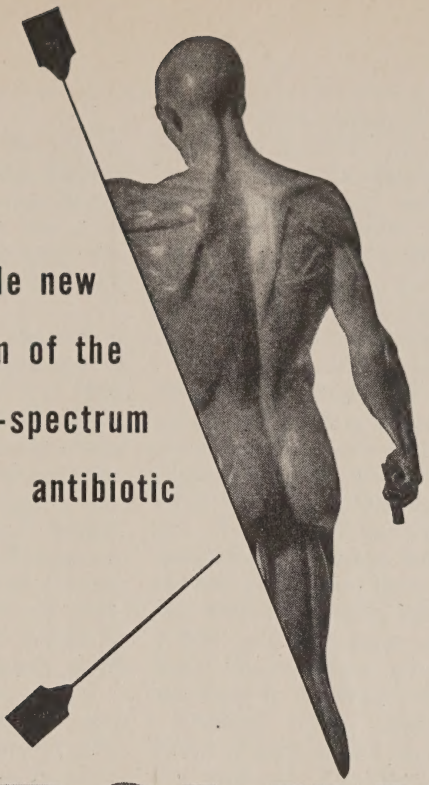

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Dear Hippocrat:

It is a pleasure for me, at the start of a new year in the Massachusetts Medical Society, to send greetings to the Hampden district society. Last year was a rewarding experience for me, working with Fred Hagler, whose virtues are well known to all of you.

Our major project at the moment is our discussions with the Department of Public Welfare concerning the new Medical Care Plan. This plan vitally affects the practice of medicine in Massachusetts and I would urge you all to devote some time to studying it. Any comments or suggestions can be sent to Howard P. Kennedy, your representative on the Committee on Welfare Problems, or to us at 22 Fenway. Dr. Buck has summarized the medical features of this plan and copies of the summary will be in the hands of all councilors within a few days.

We are hoping for a constructive year and for the continuing assistance of your members in our work for the Society.

Sincerely yours, Curtis Tripp

MEDICAL READER

What Price Combat

Physiologist William Porter of the Harvard Medical School made history in World War I when he climbed over the parapet of a Flander's trench at zero hour with an attacking wave of troops to study the effects of combat on blood pressure. His scientific precedent, reminiscent of Ambrose Pare's own battlefield example, bore fruit in the second World War, but the physiologists penetrated the front lines in a big way in Korea, along with representatives of biochemistry, psychiatry, psychology, medicine and nutrition.

As in the battle of the bottle in infancy, the strain due to battle was found to be strictly an individual matter with soldiers. As a matter of fact, troops did not break down in the heat of combat but rather while waiting helplessly in comparative security under enemy fire, or most often when carrying out a wounded buddy particularly if he died. Far from paralyzing the higher centers, the strain of combat tends to heighten the G. I.'s ability to think.

A curious finding was the disappearance of adult white cells from the blood stream for unknown reasons, as with severe burns or overwhelming infections. With all the sweating and bladder loss, fluids also are depleted and much weight lost. Yet the soldiers were found to be uninterested in either food or drink until the ordeal was over. Getting food into their men, then, would seem to be a new and important responsibility of squad leaders since adequate intake is necessary to maintain combat efficiency.

Recovery from combat strain was found to take much longer than heretofore supposed. Ten days more or less are needed instead of one or two good nights of sleep. Severe fright or great anger arouse the hypothalamus to act on the pituitary gland. The ACTH then stimulates the adrenals to produce the newly discovered compound F and other hormones. This delicate internal secretory balance must be restored before a man can be returned to first-class fighting trim. (See Sc. N. L., 5 Dec. '53).

COME AND GET IT!

The Institute of the Connecticut Valley is one of ten courses which are to be held throughout the Commonwealth during this coming fall and winter session. Last year's course set a high standard that was greatly appreciated by the participants. Their enthusiasm should insure better attendance this season. Get details on outside pages.

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ANNUAL MEETING, AUXILIARY

The annual meeting of the Women's Auxiliary to the Hampden District Medical Society was held on Tuesday, April 13th at Rovelli's on Boston Road, Springfield. Luncheon was followed by a program of condensed annual reports, election of officers and a talk given by W. Harley Rudkin, theatre editor of the Springfield Daily News. Mr. Rudkin chose as his subject "American Theatre —Prognosis Good".

Mrs. Azel P. Barney was elected President to succeed Mrs. Alfred M. Glickman; Mrs. Aldo J. Leoni was named President-elect; Mrs. John Tate recording Secretary; Mrs. Edward Halton of Holyoke, Corresponding Secretary; and Mrs. Aurel G. Lavoie, Treasurer; Chairman of Publicity, Mrs. James Visconti, 680 Westfield Street, West Springfield, Mass.

The new President will appoint her committee chairmen at a Board Meeting later this month.

Named as Directors were Mrs. Glickman to serve for one year; Mrs. William J. Devlin and Mrs. Omar T. Pace for two years.

The Nominating Committee for next year was named with Mrs. Martin Gaynor, chairman; others are Mrs. Laurence Putnam, Mrs. Paul G. Sanderson, Mrs. Eugene Boss and Mrs. H. Jacobs.

Mrs. Barney stressed the Auxiliary's three point program, Nurses' Recruitment, Promotion and Sale of Today's Health, and active interest in Legislative Measures.

The success of the White Cap Ball given last winter permitted the Auxiliary to double its nurses' scholarships to be awarded this June at the discretion of the Scholarship Committee headed by Mrs. Roger Cheney.

Mrs. Barney congratulated Mrs. Glickman on her fine leadership this past year and presented her with a monagramed Sterling Silver Compact, a gift from the Board of Directors.

Mrs. Stanley R. Dixon, Chairman

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COVERAGE EXTENDED

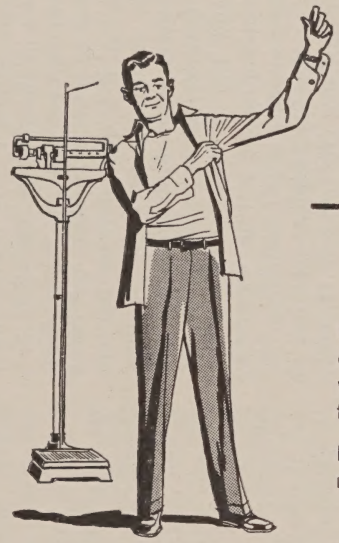
The Blue Cross has finally taken the step of extending its benefits to the care of long term illness in the patients own home or in nursing homes. In order to make the program effective, there must be at least 25,000 subscribers from Blue Cross-Blue Shield groups with a personnel of 100 or more, and 75% participation; non-group subscribers to Blue Cross are not at present eligible. The extra cost is $1.00 monthly per person and $2.00 monthly for the family. There are 18 specified conditions which qualify for these benefits—for example, polio, cancer, cerebral vascular accidents, rheumatic fever, congestive heart failure, ulcerative colitis, chronic nephritis, myasthenia gravis, coronary thrombosis, hemiplegia and fractures.

The plan is that patients shall be hospitalized until the acute phase of illness has subsided, after which they are removed to a nursing home where treatment is continued. We are all aware of the gap between hospital care under Blue Cross protection and the expense of private nursing care outside the hospital. Theoretically the plan sounds good on the face of it, but try and find a bed in our hospitals for an urgent case just when the need arises, and try and find a registered nurse who will take over until a hospital bed is available!

There is considerable disagreement in the Society as to the wisdom of broadening the Blue Cross services, but the more we read and hear as to what is going on in Washington, it seems increasingly clear that if we do not make some gesture towards a comprehensive plan which will cover every kind of long term illness, some form of compulsory health insurance will be enacted.

At the moment the adequate care of chronic illness leaves much to be desired,

(CONTINUED ON PAGE 6)



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COVERAGE
(FROM PAGE 4)

both from the point of view of determining in each case how recovery is possible, and what facilities are necessary to bring this about. Although every licensed nursing home in the state is entitled to participate in the new plan, very few of them are suited to provide anything but board and lodging. It is quite obvious that considerable revamping of many of these will be necessary in order to provide the proper facilities for a rehabilitation program, and also an environment conducive to stimulating the patient's interest in attaining a measure of self sufficiency. We believe as the Philadelphia plan has so well demonstrated (A.M.A. July 11, 1953) that the chronic case will often show more rapid recovery at home, even if conditions are not of the best, than in a nursing home, if adequate medical and nursing care are provided.

It will be some time before all subscribers to Blue Cross-Blue Shield become entitled to protection against the costs of long term illness, which under modern methods of therapy are often repaid many times over in the individual restoration of earning power. It must be borne in mind that the purpose of this new venture of Blue Cross-Blue Shield, is not to assist the welfare agencies in supporting the chronically ill, but to prevent them from becoming public charges, by providing the necessary facilities for their rehabilitation. E. C. D.

IT AIN'T NECESSARILY SO

(SEE PAGE 366 CURRENT J. A. M. A.)

"It seems that cigarettes and dentifrices just about support the Television industry! The cigaret advertisers make their extravagant claims, but as yet have not said that they never produce cancer of the lung.

"Compared to the above, the dentifrice advertisers, both imply and state that the use of their individual product will reduce caries in teeth."

The A. M. A. Journal, which has no axe to grind in the matter except as an exponent of truth, quotes the Council on Dental Therapeutics of the American Dental Association, (whose members by the way would make more money with tooth decay than without it): as saying editorially:

> " 'It may be noted that the Council on Dental Therapeutics of the American Dental Association does not recognize that any dentifrice available today is 'therapeutic.'
>
> 'Fluoridation of water appears at present to be the only effective procedure for large-scale control of dental caries in urban population groups.'

"How can the above be other than the truth—the whole truth and nothing but the truth!" With the exception of direct fluoridation, we think it is, but prefer the latter. The latest word on the subject comes from the University of Indiana. Drs. Joseph C. Muhler and William J. Shafer have demonstrated in rats that dried thyroid material is as effective as sodium fluoride in reducing tooth decay and when the thyroid was given with fluoride decay was reduced 55% more than when either substance was given alone. The thyroid presumably acts by increasing metabolism with increased salivation that promptly neutralizes acids that injure enamel. (Science Newsletter, June 5, 1954.) CRAW

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WHAT GOES?

In the last few years there has been an increasing interest on the part of physicians in the social aspect of health in the community. The stress of war over, doctors returning from Service have shown stimulating interest in these matters. Rehabilitation of all types here as in Washington seem to be a major objective.

Doctors took over the care of the indigent sick at the Springfield Municipal Hospital and chose to serve without salaries that are usual elsewhere. For over forty years in Holyoke doctors and dentists have freely given their services at the Municipal Child Welfare clinics for pre-natal, post-natal, runabout and preschool cases with a special emphasis on prevention through immunization. The Day Nursery and the Skinner Clinic, also have served children and grown-ups for many years.

All of these projects have been directed by physicians as is the rehabilitation center recently established to serve the Hampden District. And now according to the local press we learn that doctors must be replaced by laymen in the direction of such good works. They still may do the work, yes, but must keep their hands off of the steering wheels.

Of course doctors will do the work, but they also should determine policy in medical practice. The public should know about what is in the works; they too should have a voice in matters that concern public health for which they furnish the funds through their gifts or by taxation.

The trend to exclude doctors from having a say in how social medicine should be practiced provokes a number of questions:

1. Should doctors allow their names to add legality to such enterprises?
2. Should they contribute to their maintenance?
3. Should they refer patients to them?
4. Since there is no shortage of physicians, should these activities be curtailed?
5. Should forums be held giving the public facts as to how their money is spent and to provide the advice of medical men on medical problems? J. A. W.

Poliomyelitis Immune Globulin Policy Of Distribution In 1954

The value of gamma globulin in the prevention of the paralysis of poliomyelitis under present day working conditions is probably negligible. This is due to the inability to determine the status of any particular individual.

In order to make the best use of its slight value, the following comments and suggestions are made:

The dosage this year has been increased from 0.14cc per pound of body weight to 0.2 cc. This will mean that a person weighing 150 pounds would receive 30 cc. This is the maximum dose also for a person of heavier weight. Note that the 30 cc. represents the gamma globulin from four Red Cross blood donations.

Little value can be expected from use of gamma globulin in household contacts, hence administration to family contacts is discouraged. More value may result from giving the product to those who are on the fringe of the family circle, such as those living in the same duplex or small apartment house, next door neighbors who mingle regularly with the family circle, visitors who spent some hours in the household, have eaten meals or had other intimate contact with members of the household. The supply of poliomyelitis immune globulin is not unlimited, of

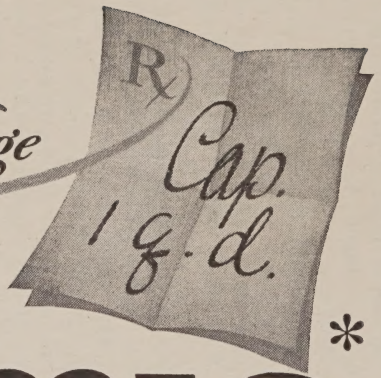
(CONTINUED ON PAGE 9)

MEDICAL READER

Lawrence Lariar has just brought out 'Porgie and Bass, Fish And Be Damned, or The Night Crawler's Companion'.

According to the flap, it includes everything from Albacore to Zwordfish. The author when not drawing or writing books admits spending his time at a State Fish Hatchery with rod and reel waiting for the keepers to look the other way. Prentiss Hall, Inc., N. Y. 1953 - 128 pages.

recommended dosage



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IMMUNE GLOBULIN
(FROM PAGE 7)

course. Therefore the following priority list should be kept in mind:

1. Pregnant women who have been in contact with a household in which a case occurred.
2. Pregnant women in communities where the disease is prevalent.
3. Persons who are caring for a patient in the first week of illness.
4. New arrivals in an infected household, who have not been there more than four days.
5. Visitors who have spent some time in an infected household or have eaten a meal there within the last four days.
6 Households in the same duplex apartment house or next door single house, when there has been visiting back and forth.
7. Persons who have spent only a few minutes in an infected household.

Some attempt has been made to place these in a descending order of importance. This list is intended to be merely suggestive and not exhaustive.

Brief contacts in open air on street cars and buses, in stores, theaters, public buildings, large gatherings, etc., are probably seldom important.

Since it will be impossible for the Department or local Board of Health to investigate every individual for whom the product may be requested, physicians are asked to limit its use to a reasonable number of individuals in contact with each case.

The only record kept this year will be the name of the physician, the name of the patient, the number of persons to be given gamma globulin and the total amount requested. These records will be kept on file both locally and in the Department, and will be open to anyone who wishes to see how the supply has been used. Supplies will not be issued to physicians to be kept on hand in case of need.

Massachusetts Department of
Public Health

Contentment Comes With Breakfast

For most of us, man and babe, the meal that breaks the night's fast is the best. Chain smokers with 'tired' tastebuds may not agree, especially those who advance combustion ahead of ingestion to begin the day. Many reducers may even go so far as to omit breakfast entirely in hopes of shrinking girths. In view of all this, it is pleasing to announce that experiments at the Ohio State University College of Medicine have shown this practice to be a fallacy, since midmorning snacks smuggle in calories and hunger pangs increase the intake at later meals to vitiate results.

Furthermore, contentment is apt to elude the empty stomachers who put their faith in coffee and cigarettes. By 11 o'clock salesgirls—and schoolgirls too—falter and faint if they have neglected their fuel intake at the start of the day. Metropolitan offices have come to recognize this need in clerks who are too busy commuting to take on sufficient provender.

Breakfasts, of course vary with occupations and circumstance. Steak and potatoes, ham and eggs with stacks of flannel cakes swimming in butter and syrup are demanded by lumberjacks and other men of muscle, but Tommy Gorton's codfish cakes and mother's cold baked beans of the '90's rarely hold over for breakfast menus anymore. Even fried hominy is almost as much of a memory as the beans unless you have come across Vrest Orton's stone-ground corn and real Vermont maple syrup.

Continental breakfasts of coffee and rolls on rising fit into five-meal days and permit chores to be cleared away to give more time for serious eating. The English trick of serving the morning's food from the buffet would suit varying tastes with a choice of grilled kidneys, bacon and eggs or broiled bloaters, lubricated with the inevitable black tea. But the day of large household staffs is gone, replaced by electric gadgets, frozen foods and can openers. Butlers nowadays must fend for themselves.

(CONTINUED ON PAGE 10)

CONTENTMENT WITH BREAKFAST
(FROM PAGE 9)

What tragedy lies behind the realization that perhaps two-thirds of the world's population, chronically hungry, could not comprehend such an essay as this on a scanty diet of rice and dried fish, or that thousands of Korean orphans actually never eat breakfast at all. Yet poorly fed as many peoples are, like the nomads of Tibet, they will share what they have with visitors in case of need. Another sad discovery was made by a Westfield school teacher not long since, aided by a strong smell of ether on the breaths of the children of one of her families. Their breakfasts she found consisted of those tough, garlic-garnished Polish rings that resemble horse collars, and require a chaser of Hoffman's Anodyne to forestall inevitable bellyaches!

But at last we may dream of starting the day right with tree-ripened White Heron grapefruit from Florida, or California apricot nectar; other fruit, soft-boiled and fresh from nearby oviducts, with a rasher of crisp brown Willington bacon; or else a baked apple and a round or two of Oscar Mayer's Philadelphia scrapple on cold mornings. A slice of dried toast is recommended with unsalted butter if you will or a Vienna water roll, a hunk of pumpernickel, or a twisted sweet roll horseshoe with a spot of honey or lemon marmalade. All of this should be accompanied by a good-to-the-last-drop beverage or with tea if Godfrey has convinced you,—chocolate a la Suisse if you chance to visit Helvetia.

More often than we'd like, however, the bell rings just as the napkin is unfolded and the call comes to the caseroom right away, or announces gruesome details of how little Murgatroyd swallowed a bottle of bluing and what should we do with wringing of hands? The breakfast dream fades as the dishes cool and the fast remains broken.

Just the same, breakfasts must be rescued from neglect, and restored to proper esteem. It might help if you could visit the Hillsboro Club in Pompano, Florida and watch Herb Malcolm break his nocturnal fast after an early half-mile run. Half a papaya doused with fresh lime juice is followed by orange, grapefruit, banana, mangoes, strawberries and any other fruits that are in season; a large glass of milk brings the meal to an end, also to this dissertation. We as the family taster once tried Herb's breakfast minus the preliminary exercise. We found it suitable for the tropics, but impractical hereabouts unless you can afford to have papayas flown in from Hawaii. To hungry Herb they are ambrosia but most folks would prefer summer squash.

Finally when the last trumpet shall sound, perhaps you will be privileged to enjoy fried fish and collards with a nice glass of custard there in the celestial Green Pastures,—while Gabriel and the Seraphim furnish suitable background music. Dreams indeed! Like those T-V Stateline potato chips, "Have some now"!

Selah

TAKE NOTE

The Trustees of what is considered America's oldest medical essay competition, the Caleb Fiske Prize of the Rhode Island Medical Society, announce as the subject for this year's dissertation "MODERN DEVELOPMENTS IN ANESTHESIA". The dissertation must be typewritten, double spaced, and should not exceed 10,000 words. A cash prize of $250 is offered.

For complete information regarding the regulations write to the Secretary, Caleb Fiske Fund, Rhode Island Medical Society, 106 Francis Street, Providence 3, Rhode Island.

HOT FLASHES

The death rate from Tuberculosis dropped from 183.9 per 100,000 of population in 1900 to 12.6 in 1953 - yet TBc. still menaces seafarers in crowded quarters on long voyages.

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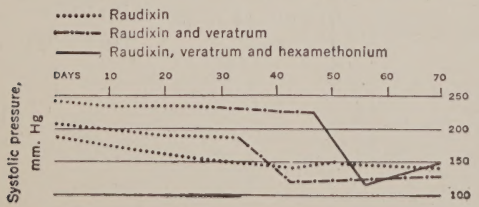

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1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.

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POST GRADUATE - (from page 1)

that were selected by the local committee are to be thoroughly discussed.

1. Fluid Balance Studies in General Medicine
2. Hematological Diagnostic Procedures in General Practice
3. The Problem of Backache (including Bursitis)
4. Place of Surgery in Heart Disease —Laboratory Methods (including EKG)
5. Common Radiological Problems in the Daily Practice of Medicine
6. Value and Pit-falls of Laboratory Procedures in Clinical Medicine
7. Methods of Examination of the Nervous System
8. Chronic Chest Disease, excluding Tuberculosis
9. Management of Thyroid Disease
10. Abdominal Pain in Newborns and Older Children

The course is open to all interested physicians and surgeons, and the registration fee for the whole course is $30.00. Registration can either be made through the area chairman, Dr. William Kaufmann, The Springfield Hospital, Springfield, Massachusetts, or Mrs. Charlotte W. Troutwine, Executive Secretary, Postgraduate Medical Institute, 22 The Fenway, Boston, Massachusetts. Further details on the course will be forthcoming soon.

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Loss of either eye $3,000 — Loss of one hand and one foot $10,000

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